

**FILED**  
HARRISBURG, PA  
FEB 24 2016  
MARIA E. ELKINS, CLERK  
DEPUTY CLERK

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA  
HARRISBURG DIVISION

(Write the District and Division, if any, of  
the court in which the complaint is filed.)

Gabriel J Gamble

(Write the full name of each plaintiff who is filing  
this complaint. If the names of all the plaintiffs  
cannot fit in the space above, please write "see  
attached" in the space and attach an additional  
page with the full list of names.)

**-against-**

The Department Of Human  
Services

(Write the full name of each defendant who is  
being sued. If the names of all the defendants  
cannot fit in the space above, please write "see  
attached" in the space and attach an additional  
page with the full list of names.)

**Complaint for a Civil Case**

Case No. 1:16-CV-329

(to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No  
(check one)

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HARRISBURG, PA  
FEB 16 2016  
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**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>Gabriel J Gamble</u>
Street Address	<u>106 Valley Stream Drive Apt-2-A</u>
City and County	<u>Delmont Washington</u>
State and Zip Code	<u>PA 15626</u>
Telephone Number	<u>724-468-5732</u>
E-mail Address	<u>NO</u>

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

**Defendant No. 1**

Name	<u>The Department Of Human Services</u>
Job or Title (if known)	<u>Secretary of State</u>
Street Address	<u>P.O Box 2675</u>
City and County	<u>Harrisburg</u>
State and Zip Code	<u>PA 17105-2675</u>
Telephone Number	<u>717-787-1870</u>
E-mail Address (if known)	<u></u>

**Defendant No. 2**

Name	<u>Exella Health Hospital</u>
Job or Title (if known)	<u></u>
Street Address	<u>532 West Pittsburg Street</u>
City and County	<u>Greensburg PA 15601</u>

State and Zip Code

PA 15601

Telephone Number

724-832-4000

E-mail Address

(if known)

## Defendant No. 3

Name

Torrance State Hospital

Job or Title

(if known)

Street Address

State Route 1014

City and County

Torrance

State and Zip Code

PA 15779-0111

Telephone Number

724-459-4444

E-mail Address

(if known)

## Defendant No. 4

Name

Job or Title

(if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

(if known)

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Denied Constitution rights, denied medical attention,  
and denied Legal assistance.

**B. If the Basis for Jurisdiction Is Diversity of Citizenship**

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, *(name)* \_\_\_\_\_, is a citizen of  
the State of *(name)* \_\_\_\_\_.

b. If the plaintiff is a corporation

The plaintiff, *(name)* \_\_\_\_\_, is incorporated  
under the laws of the State of *(name)* \_\_\_\_\_,  
and has its principal place of business in the State of *(name)* \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

2. The Defendant(s)

a. If the defendant is an individual

The defendant, *(name)* Ted Dallas, is a citizen of  
the State of *(name)* Pennsylvania. Or is a citizen of  
*(foreign nation)* \_\_\_\_\_.

## b. If the defendant is a corporation

The defendant, (name) \_\_\_\_\_, is incorporated under the laws of the State of (name) \_\_\_\_\_, and has its principal place of business in the State of (name) \_\_\_\_\_. Or is incorporated under the laws of (foreign nation) \_\_\_\_\_, and has its principal place of business in (name) \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

## 3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

2,015,000 in personal injury and medical  
expenses and court cost.

**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Human Services Kept Gabriel from receiving medical attention  
and covered up reaction to the DMPS test.

From 2-3-2012 Exella Hospital also covered reaction to  
the DMPS test and violated his right to be treated medically  
and from receiving legal help.

On 3-15-2012 Torrance State Hospital covered up  
reaction to the DMPS test and denied medical  
attention and legal help.

**IV. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

He has had Double vision for 4 years and they covered a  
concussion and needed to be on thyroid medication right away.  
He never recieved eye glasses and is now Nearsighted and  
cross eyed. He also recieved an Hepatitis shot a month  
after receiving damages from the DMPS test, which resulted  
in a severe reaction. In September 2015 had an reaction to  
two more vaccines, which resulted in swollen  
hands until present.

**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 2-13-, 2016

Signature of Plaintiff

Printed Name of Plaintiff

Gabriel J. Gamble Cynthia A Gamble  
Gabriel J Gamble rep-payee P.O.A

**B. For Attorneys**

Date of signing: \_\_\_\_\_, 20\_\_.

Signature of Attorney	<u>NO A Horney</u>
Printed Name of Attorney	_____
Bar Number	_____
Name of Law Firm	_____
Address	_____
Telephone Number	_____
E-mail Address	_____

CYNThia A GAMBLE  
106 VALLEY STREAM DRIVE  
APT. 2-A DELMONT  
PA 15626



7015 1730 0000 3390 8313

**RECEIVED**  
HARRISBURG, PA

FEB 03 2016

MARIA E. ELKINS, CLERK

Per                     

UNITED  
MIDDLE  
U.S.  
22

HAF

RETURN RECEIPT  
REQUESTED